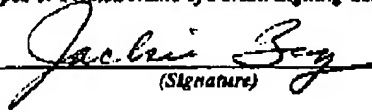
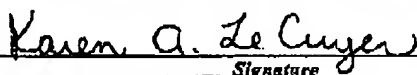
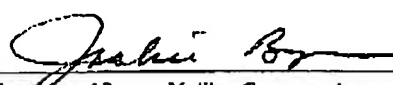


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. UCT-0039
Applicant(s): Sandra Weller, et al.			
Application No. 10/656,868	Filing Date 09/04/2003	Examiner C. L. Patterson, Jr.	Group Art Unit 1652
Invention: VIRAL RECOMBINASES, RELATED ARTICLES, AND METHODS OF USE THEREOF			
			RECEIVED CENTRAL FAX CENTER
JAN 05 2006			
I hereby certify that this <u>Amendment Transmittal (1); Amendment (12)</u> (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571 273-8300</u>)			
on <u>January 5, 2006</u> (Date)			
Jackie Boya (Typed or Printed Name of Person Signing Certificate)			
 (Signature)			
Note: Each paper must have its own certificate of mailing.			

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No.	
Applicant(s): Sandra Weller, et al.				UCT-0039	
Application No. 10/656,868	Filing Date 09/04/2003	Examiner C. L. Patterson, Jr.	Customer No. 23413	Group Art Unit 1652	Confirmation No. 8730
Invention: VIRAL RECOMBINASES, RELATED ARTICLES, AND METHODS OF USE THEREOF					
RECEIVED CENTRAL FAX CENTER JAN 05 2006					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	30 -	36 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	6 -	8 =	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature			Dated: January 5, 2006		
Karen A. LeCuyer, Ph.D. Registration No. 51,928 Customer No: 23413 Telephone No: (860) 286-2929			<div>I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460" (37 CFR 1.8(a)) on January 5, 2006 via fax. (Date)  Signature of Person Mailing Correspondence Jackie Boya Typed or Printed Name of Person Mailing Correspondence</div>		
cc:					

P118MALL/REV09

UCT-0039

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Sandra Weller, et al.)	
Serial No.:	10/656,868)	Group Art Unit: 1652
Filed:	September 4, 2003)	
For:	VIRAL RECOMBINASES, RELATED ARTICLES, AND METHODS OF USE THEREOF)	Examiner: Patterson

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JAN 05 2006

VIA FACSIMILE: (571) 273-8300
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

This Amendment is submitted in response to the Office Action dated October 5, 2005.
Please amend the Application as follows: